

MAR 29 2010

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Please type or print in ink.

NAME (LAST) WYATT	(FIRST) CHARLES	(MIDDLE) GARY	DAYTIME TELEPHONE NUMBER		
MAILING ADDRESS Imperial County		STREET	CITY	STATE	ZIP CODE
				OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

IMPERIAL COUNTY

Division, Board, District, if applicable:

BOARD OF SUPERVISORS

Your Position:

COUNTY SUPERVISOR

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: **REGIONAL COUNCIL OF RURAL COUNTIES**

Position: **Bd. Member**

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of **Imperial**

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: **7**

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-OR-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **MARCH 28, 2010**
(month, day, year)

Signature _____
(File the originally signed statement.)

FORM 700 Statement of Economic Interests for Calendar Year 2009

List of Agencies and Member Counties

IMPERIAL COUNTY

<u>Agency</u>	<u>Position</u>
CRHMFA Homebuyers Fund	Delegate
California Rural Home Mortgage Finance Corp	Delegate
Environmental Services Joint Powers Authority	Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolumne County

Additional Agencies:

- Salton Sea Authority
- Board of Directors

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Charles Gary Wyatt

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

AVON

ADDRESS (Business Address Acceptable)

659 SUNSET DR., BRAWLEY, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Product Sales

YOUR BUSINESS POSITION

Representative

GROSS INCOME RECEIVED

- ☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Charles Gary Whiff</u>
--

► NAME OF SOURCE
Tom DuBoise

ADDRESS (Business Address Acceptable)
367 I St., Brawley, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Development, engineering

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 09</u>	<u>\$90.00</u>	<u>Sports fix</u>
<u>10, 09</u>	<u>\$90.00</u>	<u>" "</u>
<u>12, 09</u>	<u>\$90.00</u>	<u>" "</u>

► NAME OF SOURCE
San Diego Gas & Electric Co.

ADDRESS (Business Address Acceptable)
8326 Century Pk. Ct., San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy / Electrical services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 09</u>	<u>\$100.00</u>	<u>Sports fix</u>
<u>3, 09</u>	<u>\$100.00</u>	<u>golf fees</u>
<u>5, 09</u>	<u>\$100.00</u>	<u>sports fix</u>

► NAME OF SOURCE
ALLIED WASTE

ADDRESS (Business Address Acceptable)
8364 Clairemont Mesa, San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Mgmt.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 09</u>	<u>\$80.00</u>	<u>sports fix</u>
<u>2, 09</u>	<u>\$100.00</u>	<u>golf fees</u>
<u>1, 1</u>	<u>\$</u>	<u></u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 1</u>	<u>\$</u>	<u></u>
<u>1, 1</u>	<u>\$</u>	<u></u>
<u>1, 1</u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
Gold Cross Ambulance

ADDRESS (Business Address Acceptable)
P.O. Box 1834 El Centro, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ambulance Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 09</u>	<u>\$100.00</u>	<u>golf fees</u>
<u>1, 1</u>	<u>\$</u>	<u></u>
<u>1, 1</u>	<u>\$</u>	<u></u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 1</u>	<u>\$</u>	<u></u>
<u>1, 1</u>	<u>\$</u>	<u></u>
<u>1, 1</u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Charles Gary Wyatt</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE
Calif. State Association of Counties
ADDRESS (Business Address Acceptable)
1101 K St., Sacramento, CA
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Advocacy
DATE(S): ____/____/____ AMT: \$ 342.10
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: _____

▶ NAME OF SOURCE
Regional Council of Rural Counties
ADDRESS (Business Address Acceptable)
1215 K. St., #1650
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Advocacy, Housing Programs
DATE(S): 1/1/09-12/31/09 AMT: \$ 3789.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: travel expenses as volunteer
member of board of directors

▶ NAME OF SOURCE
Calif. State Assoc. of Counties
ADDRESS (Business Address Acceptable)
1101 K ST.
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Advocacy
DATE(S): ____/____/____ AMT: \$ 5454.12
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: travel expenses as officer
& volunteer of CSAC

▶ NAME OF SOURCE
Calif. State Assoc. of Counties - Finance
ADDRESS (Business Address Acceptable)
1101 K ST.
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Govt. Agencies Finance Serv.
DATE(S): 1/1/09-12/31/09 AMT: \$ 200.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: _____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Charles Gary Wyatt</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

NAME OF SOURCE	NAME OF SOURCE
<u>Coachella Valley Economic Partnership</u>	
ADDRESS (Business Address Acceptable) <u>73-710 Fred Waring Dr., Ste. 106, Palm Springs, CA</u>	ADDRESS (Business Address Acceptable)
CITY AND STATE <u>Palm Springs, CA</u>	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Economic Development</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u>6/1/09 - 6/1/09</u> AMT: \$ <u>2775.00</u> (If applicable)	DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>travel expenses to represent Imperial County in China</u>	DESCRIPTION: _____

NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)	DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____	DESCRIPTION: _____

Comments: _____